

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/621,869-Conf. #1749
		Filing Date	July 17, 2003
		First Named Inventor	Chiaki Hashimoto
		Examiner Name	Haley, Joseph R.
		Art Unit	2627
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	04536/016001
TOTAL AMOUNT OF PAYMENT	(\$) 1,712.00		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 50-0591
Deposit Account Name: Osha · Liang LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						25	50
Each independent claim over 3 (including Reissues)						100	200
Multiple dependent claims						180	360
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
_____ - 20 = _____ x _____ = _____				_____			
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
_____ - 3 = _____ x _____ = _____				_____			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1501 Utility issue fee						1,400.00	
1504 Publication fee for early, voluntary, or normal ...						300.00	
8001 Printed copy of patent w/o color						12.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	33,986
Name (Print/Type)	Jonathan P. Osha	Telephone	(713) 228-8600
		Date	September 27, 2006



Application No. (if known): 10/621,869

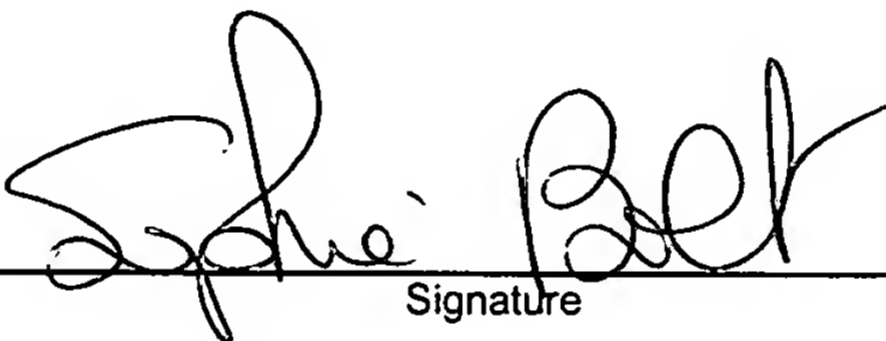
Attorney Docket No.: 04536/016001

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV881460633US in an envelope addressed to:

MS Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on September 27, 2006
Date



Signature

Sophie M. Bolt

Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 228-8600
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
Part B – Fee(s) Transmittal (1 page)
Payment by credit card. Form PTO-2038 is attached (1 page)
Transmittal Letter (2 pages)
Charge \$1,712.00 to credit card



Docket No.: 04536/016001
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Chiaki Hashimoto

Application No.: 10/621,869

Confirmation No.: 1749

Filed: July 17, 2003

Art Unit: 2627

For: OPTICAL DISC REPRODUCING
APPARATUS WITH FUNCTION OF
DETECTING DIRECTION OF ROTATION OF
DISC BASED ON MIRROR INFORMATION

Examiner: Haley, Joseph R.

TRANSMITTAL LETTER

MS Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Fee Transmittal (1 page);
2. Part B -- Fee(s) Transmittal (1 page); and
3. Certificate of Express Mailing (1 page).

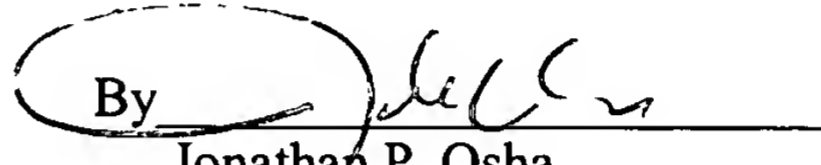
Application No.: 10/621,869

Docket No.: 04536/016001

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith to our Deposit Account No. 50-0591, under Order No. 04536/016001.

Dated: September 27, 2006

Respectfully submitted,

By 
Jonathan P. Osha
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